

66. *Chloroform in the treatment of Ophthalmia.*—M. UYTTERHOEVEN has employed chloroform successfully in various forms of ophthalmia. In a patient at the Hôpital St. John, Brussels, he soothed by this means neuralgic pains resulting from injury of the eye. He has also found chloroform very useful in photophobia of scrofulous ophthalmia. M. U. prescribes it as a collyrium, in the dose of eight drops in an ounce of distilled water.

MM. BUSCH and CUNIER have administered it in the dose of from 8 to 16 drops in a mucilaginous potion of 60 grammes; to be taken in teaspoonful doses in the 24 hours. The benefit obtained from it in eight cases of chronic scrofulous ophthalmia, and in one of neuralgia of the eye, was very remarkable.—*Journal des Conn. Medico-Chirurg.*, Oct. 1848.

67. *Ergot of Rye a Remedy for Excessive Dilatation of the Pupil from Belladonna.*—M. COMPERAT has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds—it soon returned; the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from the other causes.—*Lond. Med. Gaz.*, Sept. 1848.

68. *Ergot of Rye in Mydriasis.* By J. F. M'EVERS, M. D., of Cork.—In the London Medical Gazette of September 8, a correspondent notices the peculiar action of ergot of rye upon the iris, discovered by M. Comperat; he says that in excessive dilatation from the use of belladonna, powdered ergot of rye, taken like snuff, has the property of contracting the pupil. Dr. M'Evers tried its effects on several persons, whose irides were strongly under the influence of belladonna, and in no case did the ergot cause any change when employed on the same day with the belladonna, but in every case, on the subsequent morning, whilst the pupils were still largely dilated, the ergot had a marked effect after a few minutes. Thinking with Comperat, that our knowledge of this property of the ergot may be taken advantage of when the pupil is preternaturally dilated from other causes, he tested its efficacy in the following case of mydriasis.

A man aged 50, had spent the greater part of his life in tropical climates, but returned home with a good constitution. On getting out of bed three weeks ago, he observed excessive lachrymation of the right eye, which has continued since, together with impaired vision. The eye is free from vascularity or pain of any kind, and looks healthy in all its parts, except the iris, which presents the appearance of a narrow ring, so largely is the pupil dilated; the iris is perfectly immovable.

A few pinches of ergot contracted the pupil considerably in a few minutes, whilst a few additional pinches taken on the following morning, reduced the pupil to its normal standard, the iris assuming the lively motions of healthy action; thus, in a day, completing, as far as the pupil is concerned, the cure of a disease which Demours, and other writers on ophthalmic surgery, tell us cannot be accomplished by a six months' treatment.—*Dub. Quart. Journ.*, Nov. 1848.

[We have employed the powdered ergot in two cases of mydriasis and we think with advantage; but the effects were by no means so striking as observed by M. Comperat or even by Dr. M'Evers.]

MIDWIFERY.

69. *On the Mammary Secretion as a Sign of Pregnancy.*—Dr. ALEXANDER PEDDIE, in an interesting paper in the *Monthly Journal*, (Aug. 1848,) states that "From the experience of upwards of two years, during which my attention has been directed to the subject, I feel convinced that the most invariable sign of gestation prior to quickening, is to be found in the presence of fluid in the breasts,—with the limitations that

shall hereafter be noticed; and, consequently, that the absence of the secretion will afford the surest evidence that the suspension of the catamenial flux is an abnormal deviation from nature's course. The sign is indeed, to some extent, an old and popular one, but not to be despised or overlooked on that account, nor to be set aside without consideration. Although some eminent writers on obstetric medicine have passed it by without any notice, and others have pronounced it 'an evidence scarcely of any value at all,* I would earnestly invite an unprejudiced attention and scrutiny of the subject; for my own experience in judging from the sign, when there was an opportunity of watching the course of events, warrants in me stating, that I have never found it fail in regard to those *who were gravid for the first time*, or in regard to those who were not pregnant at all. And although the greater number of cases of pregnancy in which I have had an opportunity of applying the test, have been advancing in the fourth month, yet so early as the end of the second and the beginning of the third months the sign has held good. It is not, however, until about the termination of the third, and more generally in the currency of the fourth months, that the medical man is consulted, when the repeated non-appearance of the menses attract the notice, and excite the interest or fear of the individual, according as the moral feelings may be affected. And, as the value of the sign is not insisted upon in its application to other than first pregnancies, within this limitation is included the class of cases, which, above all others, are of most frequent occurrence and importance, and which occasion most trouble and anxiety to the practitioner.

"Perhaps the value of this sign in the early months, has been doubted or underestimated, in consequence of not observing fluid trickle from the nipples, as it frequently does in the last month of pregnancy. I believe that this will rarely happen in the commencement of a first gestation. The fluid must be brought; and the method of obtaining it, under doubtful circumstances, is to press the finger and the thumb firmly on the mammary gland, a little beyond the margin of the areola, and then draw them to the point of the nipple with a stripping and expressing movement. This repeated three or four times, will certainly bring fluid if any be present; and a single drop will suffice to prove the nature of the case. A little moisture from the sebaceous follicles of the areola, which is sometimes produced during these efforts, must not be mistaken for a lactic secretion. I believe that this kind of exudation, which may occur in ordinary circumstances, has actually led, in some instances, to the rejection of the sign which I am now advocating. It is recommended also, that if a drop of fluid is not obtained from one nipple, the other ought to be tried, as the orifices of the lactiferous tubes are sometimes more narrow or glued up in the one than in the other breast, and in primiparæ this is more particularly the case.

"In the early months of a first pregnancy the secretion has seldom the external appearance of milk, but is serous-looking, and often very viscid and syrupy. When submitted, however, to the microscope, the characteristic milk globules will at once be detected; and these will be seen agglomerated *en masse*, the solid portion being at this period in a large ratio to the fluid, which latter is also peculiarly glutinous. Mixed with these groups will be perceived an abundance of large oil globules and colostrum granules, as in the green milk of recent parturition. There are sometimes found also a few epithelial lamellæ, which have been separated from the lining membrane of the excretory ducts, and which have either not been transformed into colostric masses, or, if this has been so, they have already parted with their mucoid and granular contents.

"Of the annexed plates, II. and III. are exact copies of the secretion taken in the third and fourth months of gestation; the first, from a young unmarried woman, who attempted to conceal her pregnancy; and the second, from a young unmarried lady, who was not aware of her own condition, and whose station in life, education, and previous good conduct, were a protection against an early suspicion of her state. Both were convicted by the milk test, when the ordinary signs excited only a vague suspicion; both soon confessed their transgression; and both were, on the strength of the opinion given, immediately placed in the bonds of lawful wedlock.

* Churchill, Theory and Practice of Midwifery, p. 107.

"The value of the lactic secretion as a sign of pregnancy has apparently been disregarded by some, in consequence of the very exceptional cases recorded, more especially the example given by Baudelocque, of a girl eight years old who was able at pleasure to milk her own breasts, and another somewhat similar mentioned by Belloc; and this under-valuation may also be ascribed to the statements of other writers regarding the exudation of milk, even from the breasts of adult males.* Such cases, however, even if well authenticated, are worthy only of being ranked among other physical monstrosities occasionally met with; and even instances less wonderful, as the appearance of fluid in the breasts of those who are not, and never were pregnant, ought, I think, to be viewed as rare examples of nature's freaks—her exceptions, and not her rule.† While I do not doubt that such cases have occurred—though I think some of them are not unlikely to have been the follicular exudations already noticed—in the very numerous examinations which I have made with a view to detect, if possible, the existence of fluid in the mammæ of the non-pregnant, I have not as yet met with an instance of the kind. In many instances of unmarried women of unblemished character, who were suffering from menstrual obstructions, and of married women under similar circumstances, who never were gravid, I have not been able by expression to obtain a single drop of fluid; and in many instances also of both classes where there was perfect uterine health, I have been equally unsuccessful.

"Beyond the limitation of first pregnancies, I would not desire to urge the application of the milk test; for when a woman has once suckled, the fluid is apt to linger in the breasts a considerable time after weaning, and the mammæ continue performing a partial function,—in many instances, doubtless, owing to the daily operation of maternal sympathies. In general, I have found the fluid easily attainable from three to six months after weaning, and the restoration of the catamenia,—although in one instance which occurred lately, it had completely vanished before the expiration of two months. On the other hand, I found it present in one case after the lapse of two years; and I believe that it may exist at a still later period, although in several women still within a child-bearing age, I have been unable to procure a single drop of fluid at the distance of four years from the date of last weaning. It may, however, readily return at a much later period in the case of those who have once given suck, when the uterus becomes distended with any false conception or hydatid accumulation; and very probably it may do so under similar circumstances, in those who never were pregnant. An instance of the former kind came lately under my own observation. The patient had not had a child for nine years, and while the uterus gradually enlarged, and the abdomen became distended, so as to simulate pregnancy, and lead to the necessary preparations, imposing on myself at an early, and on another physician at a later period, the secretion was most abundant. The time of expected confinement, however, passed by to the extent of several weeks, and the mystery was solved by a sudden and large discharge of water.

"When milk is procurable a few months subsequent to weaning, and the woman not again gravid, I have found it existing only in small quantity, one or two drops, viscous and cream-like to the unaided eye; and to the microscope it presents milk globules in sparing number, often ill formed, adhering together, or to large oily drops (the creamy part), or to the epithelial scales, mucoid, and other foreign matters, which are generally present in abundance—as is seen in Fig. VII., 1 and 2. The secretion in such circumstances affords, I think, some good diagnostic marks, by which it may be readily distinguishable from fluid obtained in the early months of a new gestation. The latter is comparatively rich in milk

* Carpenter, in his *Treatise on Physiology*, p. 626, refers to an instance of this kind, as described in the *Phil. Trans.*, vol. xli. p. 813; another by Captain Franklin, in his *Narrative of a Journey to the Polar Sea*, p. 157; one by Humboldt, in his *Personal Narrative*, vol. iii. p. 58; and a fourth by Dr. Dunglison, in his *Physiology*, vol. ii. p. 417. In the last-mentioned case, the subject, a man of colour, is said to have actually officiated as a wet-nurse!

† In this light I would regard the single instance which M. Donné has noticed, of a little fluid found by him in the breast of a young woman said never to have been pregnant, and which presented the microscopic character of milk: p. 441.

globules of normal appearance, and of better medium size, having abundant endosperm, and few, if any, membranous scales, or debris of disintegrated textures—(Figs. II. and III.); and, as the full term of gestation is approached, the secretion increases in quantity, and becomes better in quality, more evidently suited for the important object in prospect.—(Figs. IV. and V.)

“From the above notices, I think it may be admitted that the sign of pregnancy now advanced, although of most value in the diagnosis of a first pregnancy, is not without a certain amount of importance in the recognition even of a subsequent gestation; and I should decidedly affirm, that in general it is more certain in its information as a corroborative evidence of pregnancy than the papular areolæ, which, when once darkened, seldom lose much of their colour, or of the follicular glands, which retain, in a great measure, their size after they are once developed.

“Compared with any of the ordinarily recognized signs for distinguishing a first pregnancy from a simple suppression of the menses, before any bulk or impaction in the iliac and hypogastric regions can be detected by the eye or hand, or before the ear can discover the unmistakable sounds of placental and fœtal circulation, there will be found, I think, far fewer exceptions to the milk test. As regards the sign of *morning sickness*, I have had under advice many cases of obstructed menstruation from causes unconnected with gravidity, yet attended with disturbance of the digestive organs to a great extent, of which daily recurring sickness—most frequently in the morning—formed a part; while, on the other hand, in very frequent instances this symptom has been entirely wanting in those really pregnant. Then, again, the signs taken from *the aspect of the mammae*, are most variable and contradictory. While I have often observed women with fair complexions who had large breasts, well marked areolæ, numerous and large follicular glands, and prominent nipples, suffering merely from suppression of the catamenia, I have seen not a few with dark or sallow complexions, who, although undoubtedly pregnant, had small breasts, small nipples, areolæ scarcely distinguishable from the surrounding skin, and few or no sebaceous glands.* Were it not to extend this communication to too great a length, I might give notes of many cases illustrating the variability and uncertainty of these signs. I shall, however, content myself with noticing only one example—which is interesting in several other respects. The patient was brought before the Obstetrical Society in December last,† by Dr. Simpson, chiefly to show the impossibility of diagnosing pregnancy in her case, in so far as the appearance of the mammae were concerned. The woman had dark brown hair and a sallowish complexion; she had been four years married, and was then, although presenting no traces of areolæ or glandular follicles, decidedly in the seventh month of her first pregnancy, complicated with large fibrous tumours projecting from the anterior wall of the uterus. Now, it is an interesting fact, that before the fourth month was complete, counting from the last menstrual period, I had carefully examined this patient, who called on me on account of the tumour of the abdomen; and, in consequence of being able to extract a little fluid from the nipples, I expressed my conviction that she was pregnant, though I was then at a loss to say whether the tumour was a growth from the uterus or an extra-uterine conception. On a second examination, about one month subsequently, I was able by the stethoscope to verify the opinion formerly given as to the fact of gravidity, and I know that she has been since confined at the proper term of gestation.

“As regards the evidences of pregnancy from *abdominal exploration* previous to the commencement of the fifth month, there is always ground for much doubt and fallacy. For it is not till then that quickening occurs; and in cases requiring a special scrutiny, this is a symptom which will, in all probability, be concealed.

* In so far as the appearance of the breasts are concerned, it may be curious to notice here, that I had under my care lately an adult male of fair and ruddy complexion, afflicted with disease of the heart, whose breasts were full, slightly pendulous, surrounded with exceedingly dark areolæ, numerous follicles, and whose nipples were large and prominent. On several previous occasions I have met with cases somewhat similar; and in fact the variety in the colour of the male areola, the development of its follicles, and the size of the nipple, is a matter of daily observation.

† Monthly Journal of Medical Science, March 1848, p. 693.

It is not until then also, that the iliac and hypogastric regions assume a visible fullness, and give to touch a feeling of firmness and impaction; and, although this enlargement was then apparent, it might be owing to causes very different from gravidity. Auscultation, too, comes after this period only to be of any avail,—and perhaps not even until a considerable time subsequently, to the ears of many; and did delicacy oppose no obstacle to uterine examination, until now the finger or the speculum of the most experienced obstetrician, may be unable to detect the true nature of the case.

“The presence in the urine of what has been called—but absurdly so—*Kiestein*, is a very important evidence of the existence of pregnancy. It has been found by Dr. Golding Bird* as early as the second and third months after conception; but as it appears to exist only in small quantities in the early months, as the urine must be allowed to settle for a number of days before the peculiar greasy, cheese-odoured pellicle can be obtained, it is evident that this is not a test which can be often or conveniently employed, especially in the most important class of cases in which the physician is consulted. The fact of the unvarying existence of this substance, however, may, I think, be assumed as strongly corroborative of the value of the milk test, as it shows the presence of the secretion at an early period; for without doubt, as Dr. Bird expresses it, ‘the imperfectly formed secretion of milk, not having a ready exit by the mammæ, is taken up into the circulating mass, is separated by the kidneys, and eventually escapes from the body in the urine.’† With the aid of the microscope, I have fully satisfied myself that this product contains some of the elements of milk—the largest amount of which is probably caseous matter, mixed with crystals of the triple phosphate of magnesia.”

70. *Protracted Lactation*.—Dr. Moir mentioned to the Edinburgh Obstetric Society (June 14th) the case of a married lady, who, from certain reasons, was unable to nurse her children, but in whom the secretion of milk was after each confinement unusually protracted, notwithstanding the means used to discuss it. Starvation, purgatives, diuretics, diaphoretics, and alteratives, as internal remedies, and local astringents of various kinds were used, without in the least diminishing the secretion, or having any effect further than that of weakening the patient; so that latterly the only means employed were of a tonic nature, to sustain her strength. The secretion continued from one confinement till about the third month of the succeeding pregnancy, after which it almost ceased; after her second confinement it continued eighteen months; after her third, twenty-four months; after the fourth, twenty-five months; after the fifth, about twenty-four months, when she had a miscarriage, and since then has had no children. A circumstance that rendered this case peculiarly distressing was, that after her first confinement she suffered from a severe mammary abscess, which, by the practitioner then in attendance, was opened close to the nipple. From this wound the milk continually flowed, and as it never healed up, it was impossible to receive the milk from this breast into any convenient reservoir; so that the lady was kept in a constant state of discomfort, her dress, notwithstanding the use of oiled silk and M’Intosh cloth, being completely saturated with milk. The skin over the abdomen and left side was from the same cause much irritated, and in warm weather partially excoriated.

Dr. Peddie knew of a woman having nursed uninterruptedly for three years.—*Monthly Journal*, Sept. 1848.

71. *Sore Nipples and their Treatment*. By Drs. M’CLINTOCK and HARDY.—Sore nipples may not only incapacitate a woman from nursing,—a deprivation in itself often sufficiently grievous,—but they may, as we have before observed, give rise to mammary abscess, from an extension of the inflammation backwards, along the ducts, to the substance of the gland. This, in point of fact, is the great danger to be apprehended, and every other consideration should give way to it.

When there is reason to dread such a result, the child is entirely withheld from the affected breast, which is kept soft by rubbing, and if the nipple itself appear to be the seat of any inflammation, a bread and water poultice is applied to it.

Of the various topical applications for sore nipples employed in this hospital, it

* Guy’s Hospital Reports, Vol. V. pp. 16 and 25.

† Ibid, p. 22.